CHELSEA HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC. APPLICATION FOR LEASE

APPLICATION MUST BE SUBMITTED A MINIUM OF 20 DAYS PRIOR TO LEASE START DATE ****THERE WILL BE NO EXCEPTIONS OF THIS RULE*****

PLEASE SUBMIT THIS COMPLETED APPLICATION FOR LEASE WITH \$100.00 NONREFUNDABLE APPLICATION FEE TO THE ATTENTION OF THE BOARD OF DIRECTORS ABBEY HOUSE c/o MANAGERS OFFICE, 6210 SCOTT STREET #214 PUNTA GORDA, FL, 33950. THERE IS A \$40.00 NONREFUNDABLE FEE FOR THE BACKGROUND CHECK. THIS PAYMENT SHOULD BE MADE TO PALMER PROPERTY MANAGEMENT. IF YOU SCAN THIS COMPLETED APPLICATION TO ppm@myppm.net PLEASE INCLUDE A COLOR COPY OF YOUR GOVERNMENT ISSUED ID.

BINE INTERCHION SCENIII	ed to minimodic 5 of the	CE	ERRITED DT(II4II	IALS).
I INTEND TO LEASE UNIT #	OF THE ABBEY HOUSE	E OF PORT CHARLOTTE	. A CONDOMINIUM INC	. LOCATED AT 21287
GERTRUDE AVENUE, PORT CH	ARLOTTE, FL 33952. I REI	PRESENT THAT THE FO	LLOWING INFORMATION	ON IS FACTUAL AND TRUE. I
AM AWARE THAT ANY FALSIF	ICATION OR MISREPRESI	ENTATION OF THE FAC	TS IN THIS APPLICATIO	N CAN RESULT IN THE
REJECTION OF THIS APPLICAT	TON OR CONSTITUTE GR	OUNDS FOR THE ASSO	CIATION TO VOID ANY	APPROVAL THAT MAY BE
GRANTED.				

/ VERIFIED BY

(INITIALS)

I ALSO CONSENT AND ACKNOWLEDGE THAT YOU MAY MAKE FURTHER INQUIRY CONCERNING THIS APPLICATION, PARTICULARLY OF THE REFERENCES GIVEN BELOW AND CREDIT STANDING. IN THIS REGARD PURSUANT TO THE FAIR CREDIT REPORTING ACT, 15 U.S.C. SECTION 1681 AT SEC. THE ASSOCIATION MAY OBTAIN A CREDIT REPORT ON THE APPLICANT(S) REFERENCED BELOW, THAT IS BY SIGNING THIS APPLICATION, YOU HEREBY CONSENT TO THE ASSOCIATION OBTAINING A CREDIT REPORT AND CONSIDERING IT IN CONNECTION WITH YOUR APPLICATION, EVERY EFFORT SHALL BE MADE BY THE ASSOCIATION TO MAINTAIN THE CONFIDENTIALITY OF SUCH REPORT, HOWEVER, BY SIGNING THE APPLICATION, YOU HEREBY WAIVE AND HOLD THE PERTINENT ASSOCIATION HARMLESS OF ANY CLAIM ACTION OR SUIT REGARDING USE OF THE CREDIT REPORT.

I UNDERSTAND THAT THE ASSOCIATION MAY, PURSUANT TO SECTION 9439953, FLORIDA STATUTES, OBTAIN A CRIMINAL HISTORY INFORMATION OF THE APPLICANT(S) SIGNING THIS APPLICATION, THE APPLICANT(S) HEREBY CONSENT TO THE ASSOCIATION OBTAINING A CRIMINAL HISTORY INFORMATION AND CONSIDERING IT IN CONNECTION WITH THE APPLICATION. EVERY EFFORT SHALL BE MADE BY THE ASSOCIATION TO MAINTAIN THE CONFIDENTIALITY OF THE REPORT, HOWEVER, BY SIGNING THE APPLICATION, YOU HEREBY WAIVE AND HOLD THE ASSOCIATION HARMLESS OF ANY CLAIM, ACTION OR SUIT REGARDING USE OF CRIMINAL HISTORY INFORMATION.

ADDITIONALLY, HAVE READ AND AGREED TO BE BOUND BY THE DECLARATION, ARTICLES OF INCORPORATION, BYLAWS, AND RULES AND REGULATIONS OF THE ASSOCIATION WHICH GOVERN THE HOUSE IN WHICH THIS UNIT TO BE LEASED IS LOCATED, COPIES OF WHICH DOCUMENTS HAVE BEEN FURNISHED TO ME BY THE OWNER, IN THIS REGARD I UNDERSTAND:

- **NO ANIMALS OR PETS OF ANY KIND SHALL BE ALLOWED IN ANY UNIT OR IN THE PROPERTY OF THE CONDOMINIUM.
- **NO PERSON UNDER THE AGE OF 18 CAN OCCUPY A UNIT FOR MORE THAN (30) THIRTY DAYS.

DATE APPLICATION SUBMITTED TO MANAGER'S OFFICE //

- **NO CONDOMINIUM CAN BE SUBLEASED WITHOUT APPROVAL OF THE UNIT OWNER AND THE BOARD OF DIRECTORS.
- **ONLY (2) TWO PERMANENT PEOPLE IN A ONE BEDROOM UNIT OR (4) FOUR PERMANENT PEOPLE IN A TWO BEDROOM.
- ** ABBEY HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC. IS A HOUSING FACILITY FOR OLDER PERSONS AND AT LEAST ONE OCCUPANT MUST BE 55 YEARS OF AGE OR OLDER.

FINALLY, I UNDERSTAND THAT THE CURRENT ILLEGAL ABUSE OR ADDICTION TO A CONTROLLED SUBSTANCE, OR THE CONVICTION OF THE ILLEGAL MANUFACTURE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE (AS CONTROLLED SUBSTANCE" IS DEFINED IN THE FEDERAL CONTROLLED SUBSTANCE ACT), PROVIDES A CASE TO THE ASSOCIATION TO REJECT THIS APPLICATION, OR TO TERMINATE THE OWNERSHIP OF THE UNIT UNDER APPROPRIATE CIRCUMSTANCES. MOREOVER, I UNDERSTAND THAT THE ASSOCIATION IS ENTITLED TO REJECT THIS APPLICATION IN REGARD TO AN APPLICANT WHOSE RESIDENCE WOULD CONSTITUTE A DIRECT THREAT TO THE HEALTH OF SAFETY OF THE OTHER RESIDENTS AT CHARLOTTE SQUARE CONDOMINIUMS OR WHOSE RESIDENCE WOULD RESULT IN THE SUBSTANTIAL PHYSICAL DAMAGE TO THE PROPERTY OF THE RESIDENTS OR THE CHARLOTTE SQUARE CONDOMINIUMS

CURRENT OWNER(S)	NAME			
APPLICANT(S) NAME_				
OCCUPATION OF APPI	LICANT		HOW LONG	No.
FULL NAME OF SPOUS	E OR CO-APPLICANT			
OCCUPATION OF CO-A	PPLICANT		HOW LONG	
APPLICANT(S) PRESEN	T ADDRESS			
CITY	STATE	ZII	PHONE	
IF PRESENT RESIDENC	E, OR ANY PREVIOUS RESIDENCE MEOWNER'S ASSOCIATION:			
NAME AND ADDRESS O	F ASSOCIATION			
CITY	STATE	ZIP	PHONE	
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ME	STATE	ZIP	PHONE	
1782			PHONE	
1 Y	CTATE	***	PHONE	

IF PURCHASING,	I INTEND TO: (CH	ECK ONE)					
PERSONALL	Y RESIDE FULL-TIM	1E					
PERSONALL	Y RESIDE PART-TIM	IE .					
LEASE- SEE	*RESTRICTIONS*						
PERSON TO NOT	IFY IN AN EMERGE	NCY					
NAME					PHONE		
	R, MODEL, AND YE						
CAR NO				STATE/LICEN	SE NUMBER		
					SE NUMBER		
NAME AND PHO	NE NUMBER OF RE	AL-ESTATE AG	ENT HANDLING	THIS TRANS	ACTION		
NAME				PHONE			
NAME AND ADDR	RESS FOR ACCEPTA OR ATTORNEY HA	NCE OR REJEC NDLING CLOSI	TION OF THIS A	APPLICATION:			
NAME OF TITLE C	COMPANY OR ATTO	RNEY			·		
					PHONE		
	MONTH						
I UNDERSTAND THE ASSOCIATION REJECT THE APPLI	N AND OTHER REQ	OF A TOTALLY	COMPLETED A	APPLICATION CIATION HAS	(INCLUDING SALES TWENTY (20) DAYS	CONTRACT/LEAS	E ACCEPTABLE TO TO ACCEPT OR
DOCUMENTS PRO LEASEHOLD UNDE	OVIDES CAUSE FOR	PURSUIT OF R	REMEDIES THER ES. IF APPLICATI	IN PROVIDE	NS, AND COVENAN O OR TERMINATION E IS ACCEPTED, I WI	OF THE OWNER	RSHIP OR
I UNDERSTAND TH APPLICATION WIL	HAT UNLESS ALL AS L BE DISAPPROVED	SESSMENT PA	YMENTS FOR T	HE UNIT POT	ENTIALLY TO BE SO	LD OR LEASED AF	RE CURRENT, THIS
DATED THIS	DAY OF		20	·			
	PPLICANT						
)-APPLICANT/SPOL						
THE INDIVIDUAL C	OWNER(S) OF SAID	UNIT JOIN IN	THIS APPLICATI	ON TO REQU	EST THE BOARD TO	REVIEW SAME A	AND TO VERIFY
DATED THIS	DAY OF		, 20	0			
OWNER		co-o	WNER				
SALE HAS BEEN AP							
ALE HAC DEEN DU	CADDONED						

PLEASE STATE THE NAME, AGE, AND RELATIONSHIP OF ALL PERSONS WHO WILL BE PERMANENTLY OCCUPYING THE UNIT.

NAME	AGERELATIONSHIP
NAME	AGERELATIONSHIP
	AGERELATIONSHIP*-
NAME	AGERELATIONSHIP
	TWO (2) PERSONAL REFERENCES (LOCAL, IF AVAILABLE):
NAME	PHONE
	PHONE
ADDRESS	
	INTEND TO: (CHECK ONE) personally reside full-time personally reside part-time lease-see restrictions Y IN AN EMERGENCY
	PHONE
MANUFACTURER,	MODEL & YEAR OF AUTOMOBILE (S):
CAR NO 1	LICENSE NUMBERLICENSE NUMBER
NAME OF REAL ES	TATE AGENT HANDLING THIS TRANSACTION:
MAILING ADDRESS (TITLE CO OR AT	S FOR NOTICE OF ACCEPTANCE OR REJECTION OF THIS APPLICATION: FORNEY HANDLING CLOSING)
	OMPANY OR ATTORNEYPHONE:
DATE OF CLOSING	

HOUSING FOR OLDER PERSONS ACT. AFFIDAVIT OF CERTIFICATION CHELSEA HOUSE OF PORT CHARLOTTE A CONDOMINIUM, INC

Due to recent Federal and State legislation, our community must be cautious in age verification procedures to ensure its qualification as housing for older persons under the Housing for Older Persons Act. Therefore, please take a moment to fill out and return this affidavit. If the Affidavit is not returned, and as a result, we cannot determine whether we comply with exemptions to the fair housing laws, which allows us to keep our status as housing for older persons, we may be required to allow children in the community as permanent residents, in addition to completing the following, please attach a photocopy of a birth certificate, driver's license, or comparable document, for each occupant.

1.1	(insert name) am (18) years of age or old	er and a memb	er of the
member of the household at		2290 Aaron Street uni	t#Port	Charlotte, FL
33952 CHELSEA HOUSE A COND	OMINIUM, INC.			
2. I hereby certify that I have pe	rsonal knowledge of	the ages of the occup	ants of this hou	usehold, and
that at least one occupant is fift	y-five (55) years of a	ge or older.		
3. I hereby certify that all the na	mes and dates of bi	rth of all occupants of	this household	are:
Name		Date of Bi	rth/	
Name		Date of B	irth/_	
Name		Date of B	irth/_	
Name		Date of B	irth/_	
			•	
OCCUPANT SIGNATURE				
DATE/				
STATE OF FLORIDA				
COUNTY OF CHARLOTTE				
Sworn to and subscribed before	me this, day o	of20	by	
Who is personally known to me identification	() yes () no or has	produced		_ as
$\mathcal{L}_{\mathcal{L}}$				
	NOTARY ST	ГАМР		
NOTARY SIGNATURE				
NOTARY PRINTED NAME				

ATTENTION HOMEOWNERS

Please complete this form and return it to the address below by mail or in person:

Charlotte Square Condominiums c/o Manager's Office 2296 Aaron Street Port Charlotte, FL 33952

PROPERTY OWNER(S)/RESIDENT INFORMATION

We would appreciate you providing the Association with the following information. You are assured that this information will be kept in confidence. The purpose of this request is to update the office records and to provide us with the current information needed for mailings such as maintenance coupon books and emergencies such as hurricanes, fires, etc.

HOUSE NAME	UNIT #	DATE	
OWNER(S) NAME			
LESSEES(S) NAME			
PLEASE (X) ONE CURRENTLY RESIDE FULL TIME			
CURRENTLY RESIDE PART TIME	SEASONAL OR _	ANNUAL	

PLEASE EXPLAIN SITUATIONS THAT DO NOT APPLY TO ANY OF THE ABOVE ON A SEPARATE SHEET OF PAPER.

(IF YOU ARE AN OWNER, PLEASE BE AWARE OF LEASING RESTRICTIONS THAT MAY APPLY TO YOUR BUILDING.)

PLEASE INFORM THE OFFICE WHEN YOU LEAVE FOR YOUR AWAY ADDRESS AND WHEN YOU RETURN SO THAT WE WILL KNOW WHERE TO SEND YOUR MAIL. THANK YOU.

LOCAL TELEPHONE # If full or part time resident (941)
CELL PHONE # ()
LESSEE'S TELEPHONE # (941) CELL # ()
If you do not live here full time and have another address, please fill in the information requested below:
NAME(S)
ADDRESS
AWAY TELEPHONE # ()
APPROXIMATE DATES AT THE ABOVE AWAY ADDRESS
EMAIL ADDRESS
IN CASE OF EMERGENCY NOTIFY:
NAME
RELATIONSHIP TO YOU
ADDRESS
CITY/STATE/ZIP CODE

Please add any additional information below or on another sheet of paper and attach to this questionnaire. Thank you for your input.

INSTRUCTIONS:

- All applicants are processed as separate investigations.
 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
 -Missing information will cause delays in processing your application.
 -Any misrepresentation, falsification or omission of information may result in your disqualification.
 Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

Name of Apt. /Condo Street Address, Apt No., City, State, Zip) Name of Landlord or Mortgage Co. Phone () Address Mtg. No. Street Address, Apt No., City, State, Zip) Name of Apt. /Condo Phone () Address Mtg. No. Phone () Name of Landlord or Mortgage Co. Phone () Name of Landlord or Mortgage Co. Phone () Address Mtg. No. Prior Address Mtg. No. Street Address, Apt No., City, State, Zip) Name of Apt. /Condo Phone () Address Mtg. No. Phone () Name of Apt. /Condo Phone () Name of Apt. /Condo Phone () Name of Landlord or Mortgage Co. Phone () Mtg. No. Street Address Apt No., City, State, Zip) Name of Landlord or Mortgage Co. Phone () Address Mtg. No. Street Address Apt No., City, State, Zip) Phone () Address Mtg. No.		YPE (Use Black Ink)			Purchas	se	or Lease	(How long)
Desired date of occupancy	Apt. No	Bldg No	Spe	cial Address or Uni	it	•	*	
Date of Birth	Date		20	Desired date	of occupancy_		i	
	Name (Mr./N	lrs. /Ms.)			Date of Birth	*	Soc. Sec	No
Sign State	Spouse (Mr.	Mrs./Ms.)		:	_ Date of Birth_		Soc. Sec	No
Names & ages of children who will occupy: Description of Pets (Breed, Size, Color, Weight, Etc.) no case of emergency notify: Name	[] Sngl.	[] Married [] Widow	(er) [] Se	ep[] [(How long)	oiv Maid (How long)	Al		
Description of Pets (Breed, Size, Color, Weight, Etc.) In case of emergency notify: Name Address RESIDENCE HISTORY Address Phone (Names 8 ag	eople wild will accupy. Addition who will accur	s (over age	18)	_Children (over	18)	Childre	n (under 18)
n case of emergency notify: Name Address PRINT OR TYPE (Use Black Ink) RESIDENCE HISTORY Apresent Address Name of Apt. /Condo Name of Apt. /Condo Name of Landlord or Mortgage Co. Address Previous Address Previous Address Name of Apt. /Condo Phone () Dates of Residency Phone () Address Provious Address No. Sireel Address, Apt No. City. State. Zip) Name of Apt. /Condo Phone () Dates of Residency Phone () Address Phone () Name of Apt. /Condo Phone () Name of Apt. /Condo Sireel Address, Apt No. City. State. Zip) Name of Apt. /Condo Phone () Name of Apt. /Condo Phone () Dates of Residency Phone () Dates of Residency Phone () Address Nitg. No. RINT OR TYPE (Use Black Ink) EMPLOYMENT & BANK REFERENCES Employed By (Business Name) Or retired from How long Dept. or Position Address Zip Address Spouse's Employment (Business Name) (or retired from) How long Dept. or Position Address Zip Bank Reference Phone () Phone () Sav. Acct. No.								
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Name of Landlord or Mortgage Co. Address	Name of	Apt. /Condo			Phone () _	-	_ Dates of Res	sidency
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Name of Apt. //Condo	B. Previous	Address(Street Address,	Apt No., City, S	itate, Zip)				
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Prior Address								
Name of Landlord or Mortgage Co	C. Prior Add	dress						*
Name of Landlord or Mortgage Co	Name of	Apt. /Condo(Street Address, /	Apt No., City, S	tate, Zip) F				
Address	Name of	Landlord or Mortgage Co				Р	hone ()	
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	How long	Ck. Acc	t. No			Sav. Acct.	No	
	Address							

PRINT OR TYPE (Use Black Ink)

CHARACTER REFERENCES

Name		Address		Phone (Residential &	& Office)
2. Name		Address		Phone (Residential &	O#500
3. Name				á	.
		Address		Phone (Residential &	
Drivers Lic. No. #1			‡ 2		State
Make	Model	Year	Plate No	Color	State
Make	Model	Year	Plate No	Color	State
the Association or their ag to the Association. The in	legible or is not completely and acc the investigation and related report gent, Applicant Information may inv vestigation may be made of the applicable. I may request, in writing, w	estigate the information su plicant's character general	o by such omissions or pplied by the applicant reputation, personal of	and a full disclosure of the control	, the applicant recognizes to pertinent facts may be managed to the control of th
	The Control of the Co				
Signature	Applicant	Signature	9		
. •	Applicant			Applicant's Spouse	€
APPLICANT(S): Mo and name printed. M	ost banks, financial institution Make sure Authorization Fo	ons, mortgage comp orm is completed as	anies and employ indicated.	rers require your	signature
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